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MONTANA COMPREHENSIVE HEALTH PLANNING NEWS

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'Everyone has to work to upgrade the environment' says Chairman Pizzini

Don Pizzini of Great Falls has been named new chairman of the Environmental Health Committee. He takes over the position of George Darrow of Billings who resigned earlier to spend more time in his role as a State legislator.

Pizzini is employed as Health Administrator for the Cascade County City-County Health Department. He just assumed that position after working for one a half years as Administrative Assistant to the Board of County Commissioners.

Pizzini believes he received the chairmanship 'because other members believe me to be a professional environmentalist and have a lot to contribute when it comes to the the functions and shortcomings of departments of health at all levels.'

The new chairman said he believes the State, in general, has good environmental laws and regulations – 'the problem is having enough money and manpower to enlorce them.'

One possible exception, Pizzini feels, is the state law regarding solid waste disposal – 'It is almost impossible to work with. It should be easier for local officials to set up and implement such a system. I'm going to suggest a service fee or a mill levy for large counties to finance an adequate program of solid waste disposal.'

'I believe,' he said, 'that everyone has their bit to do to upgrade the environment and this can be done – without these attempts at harassing Montana's industry.'

Pizzini points to the Cascade County Air Pollution Program for an example of success. He said the county has improved air quality significantly – 'and this has come about with very little loss of industry and jobs.' He added, 'the results of this program can be justified on the basis of long-range planning – publishing objectives and methods of accomplishing the objectives on a timetable – with all polluters informed. Once this was done, with proper education, the goals were accomplished without loss of jobs.'

Of Class Action legislation, Pizzini offers, 'people have a right to file suit if they feel their health is impinged. But these people must, at least, consust with full-time professional environmentalists.'

Pizzini commented, 'The environmentalist movement ol the early 70's is subsiding and once again the responsibility is falling back upon the full-time professional who previous to the movement was responsible for the problems. In my opinion the large environmental movement has probably accomplished three things.

'First, it made most citizens aware of the environment and environmental problems, regardless of their attitudes towards it.

'Secondly it has indicated to people the complexity of environmental problems and environmental solutions – people have learned how difficult these things are.

'Thirdly, the average individual has reconciled himself to the fact that the solutions best lie with full-time professionals who are responsible for solving these problems.'

Mr. Pizzini holds several candid views – on:

Continued

New Committee Chairman

Frances Gosney, an Augusta house wife, has been appointed chairman of the Personal Health Services Committee. She replaces Paul Carpino who will remain a member of the committee.

The committee moved on the Gosney appointment January 5th – with Executive Committee approval granted January 13th.

Pizzini

Continued

Environmental Protection Agency: 'Their objective was to concern themselves with all aspects of the environment – basically, including air, water and land – their approach was to be comprehensive, but this has not been true to date. Water pollution grants are easily available to states and communities. Air pollution grants are also easily available when a proper program is proposed and has state approval. However, solid waste monies are not available unless you can find a new and unique method of disposal. There seems to be no comprehensive review by EPA of each of these areas as one entity involving the environment – and that was their charge.'

Smelters and Refineries: 'I think they, like any other major industry and major polluter, have a lot to do in regards to environmental control. Excepting those areas where atmospheric conditions provide a threat – an immediate threat – a timetable can be set up to establish a good, clean environment. I'm a firm believer they must abide by state law and regulations – our degree of success in air and water pollution control depends on how state law is administered. Water pollution control has worked to the extent industries are continually upgrading the quality of industrial water waste – proper solutions are demonstrated by annual improvement demands.'

Energy Crisis: 'My philosphy is that if we continue on with what we call the American way of life we'll have to resort to all forms of energy – unused oil and gas fields in reserve will have to be exploited to meet the demands of people. Until we are willing to change our way of life – to do without electric toothbrushes, snowmobiles, etc. – these energy sources will have to be used.'

Pizzini was born in Great Falls, received a Bachelor of Science degree in Chemistry and Biology at Montana State University and a Masters Degree in Environmental Science and Public Health Administration from the University of Oklahoma. He and his wife, Beverly, have four children – two boys and two girls.

A Look At Montana's Housing Problem

by Pat Morgan, Vista Volunteer – Low Income Task Force Analyst

Housing is one of Montana's major health problems. This problem was discussed many times during the Low Income Task Force hearings, and it was pointed out that both the rural and urban areas of the State are in trouble. The only seeming difference is the number of needed dwellings in both areas.

Montana is one of two states that still has to vote on a referendum before a housing authority can be established. Our problem is compounded by the fact that once a housing authority is established, you still must vote on the number of units to be built. So Montana is somewhat unique in that we need to vote at two separate times in order to build low rental housing. There have been many attempts in some of Montana's cities to establish local housing authorities. A local housing authority would allow a city or town the use of federal money for the purpose of constructing low-rent housing.

Low rent housing would provide clean, safe housing for many citizens, at no additional cost to the tax payers. Money used for construction of the dwellings is money that we pay to the federal government in taxes, and it is returned to communities that have established local housing authorities, for construction of rental units, as well as providing additional jobs for local contractors.

Though Montana's problem of housing is limited somewhat, due to the state's small population, attempts to correct the housing shortage have been costly in both time and money.

Billings established a local housing authority this past election, after a few thousand dollars were spent, and an unaccountable number of man hours were used. This was done on a recount of votes. Great Falls has a local housing authority, but has had some difficulty getting their low-rental units built. This was due to some difficulty in selecting an adequate site for construction. Efforts to establish a housing authority in the Missoula area have failed at two different times. It seems that the opposition in that area stems from the philosophical question of public housing. Anaconda and Helena both have functioning housing authorities, with housing units already built.

During this legislative session there will be legislation introduced that would establish a state housing authority. This would eliminate the need for the establishment of local authorities. The other legislation would be amendments to existing housing laws. I'd like to include a quote taken from the Low Income Task Force Report in the Missoula area:

". . . It had cockroaches and it had a cesspool instead of being hooked up to the sewer. There was leakage coming up in the backyard there. I asked the landlord to fix it. I lived there six months. He never did. My niece moved there and now she's having the same problem. He never would fix anything. It has real bad plumbing. When you flush the toilet it all backs up into the sinks and the bathtub. The water is seeping through the ground; it's going to cave in . . ."

A widow with four children living on a social security pension.

What People Need?

this offering comes from Jim Toner Executive Director, South Central Areawide Health Planning Council

'taken from the initial issue of Evaluation: A Forum for Human Service Decision-Makers, Fall, 72

Is what the people want
What the people get

Is What the people want
What the people need

Is what the people need
What the people get

What the people get
Is not

What the people need
Nor
What the people want

For no one knows

What the people want
Nor
What the people need

Nor whether

What the people want
Is what the people need.

--- Snarff

Administrator's Column

by Robert Johnson

During the coming year, Montana CHP will fulfill two major responsibilities to the people of Montana – development of a citizen based 'Montana Plan for Health,' and organization of health planning councils in a majority of Montana counties.

'The Montana Plan for Health' has long been in formulation. Extensive time has been spent reviewing the attempts of other states to both produce workable plans and then 'live with them.' The CHP program presently established at all organizational levels within Montana has now intensified its efforts to facilitate grassroots citizen input into producing the 'Montana Plan for Health.'

During the coming year we will attempt to establish CHP units in a majority of Montana's counties. The responsibilities of county CHP units would include identification of local health concerns and development of planned solutions for these concerns. County units may request assistance from the larger Areawide CHP Councils and staff, who would in turn communicate health priorities and requests for assistance to the state CHP staff and Advisory Council.

'Health Concerns Identification' will be organized to facilitate problem solution, while at the same time collecting identified priority health needs in the state in a single series of documents, the basis of future planning and intensified action.

Initial county level organizational meetings are presently being arranged in the North-Western Section of Montana. North-Central Montana will begin initial groundwork the third week in January and some initial work has taken place in a few other areas of the state. In all instances this intensified activity has the full knowledge and guidance of the Areawide CHP organizations concerned. Essentially, this move amounts to the loan of state CHP staff members to areawide organizations to handle the much increased organizational work load. Efforts will be made in the future to bolster the level of areawide staffing.

By the end of 1973 Montana will have a plan for health developed by representative citizen groups, which will be both practical and effective.

How About A Community Nurse?

GUEST EDITORIAL

by Virginia Kenyon, Nursing Bureau

A tremendous amount has been written about the changing role of the nurse. Nursing has been changing for some time and it is necessary that this trend continue since nursing has a great deal to offer those in need of health care.

While there may be a need at some future time to change the Nurse Practice Act, there remains a large area in the field of nursing, including counselling and prevention – very necessary to comprehensive health care and well within the prescribed limits of nursing practice.

I have often quoted the gentleman from Drummond who wrote Senator Mansfield when the Medicare law restricted services provided by Home Health agencies. What the residents of that community needed, he said, was a nurse to tell them when they should make the 65 mile trip to see a doctor. A nurse can do more than observe and make such judgements but this seemed very important to this man as a spokesman of his community.

The high cost of hospital care makes extended stays impossible for most of us. A much larger number of convalescents could manage most of their own care at home if there were a nurse to provide support to the patient and his family, nursing care as required and accurate reporting to the physician.

Also with a cooperative arrangement between a nurse and the physician, many elderly persons and those with chronic illness could be maintained at home among family and friends. Not only can these be cared for at a fraction of the cost of hospitalization, but equally important are the benefits of a friendly and caring environment. Elderly patients are said to maintain their mental health far longer cared for at home among familiar surroundings.

I believe more families would be willing to care for their aging members with a nurse to take part of the responsibility. A really exorbitant amount of money is now being spent by counties for custodial care. I am sure such care as I am describing could save countless tax dollars.

On the other side of the coin are the myriad duties to be performed by the nurse in helping the people in her community to know what it means to feel well and to stay well. A lady who came to a diabetes screening clinic said to me 'No – I don't feel well, but I am 52 years old!' How said that we can keep people alive to very old ages and aren't doing more to make aging a healthier and happier process.

By beginning with supervision of young infants, a nurse is alerted to the needs of young parents as they guide and care for their children. Helping parents to anticipate normal behavior as children grow from one stage to the next is as important as recognizing early that a child's growth and development is not quite as it should be. Family planning information should be available to every couple of child bearing age. Such counselling is a function of nursing.

Not only can a skillful nurse provide counsel and guidance in many areas relating to health, but she can find where to get the kind of care needed if it is available. She knows the 'communities resources' as well as those services provided elsewhere in the state.

Greater emphasis must be placed on wellness. We can't afford illness in our society, especially not those that might have been prevented or those that can be treated before they become serious. Community nursing has a great deal to offer in the area of wellness and prevention. A man was enabled to live at home and manage his job following open heart surgery because a nurse helped him to decide, by taking his pulse, when he could work and when he needed rest. He would have had to move to town to be near his doctor without this kind of guidance from the community nurse.

Not all communities have adequate nursing manpower for this kind of care I describe here. Making wider use of nursing takes the load off over-worked physicians, leaving him free to serve those who need him most. I have heard patients tell of sitting in physicians offices only to return home at the end of the day, not having seen their doctor because he was too busy.

Area wide organizations will do well to consider locally employed community nursing for all areas in Montana. Such action could well be Montana's answer to the health care crisis. One full-time nurse for one year costs the same as nursing home care for one person for one year. A nurse could, by keeping only a few people happy in their homes, pay for herself several times over.

'Planned Programs Are of Utmost Importance' says Helena Surgeon

One Helena surgeon feels the nation's 'entire health delivery system is similar to a model-A – and every time it breaks down we put a golden spoke in it.'

Dr. Richard J. Sims attended a Denver meeting on Family Planning and intensified his interest in planned emergency medical service. As Commander of the 396th Station Hospital – Army Reserve, Dr. Sims is now attempting to introduce a Medivac Program – training of interested and qualified personnel as paramedics, capable of providing emergency medical services.

Dr. Sims said the biggest problem facing a consumer attempting to receive emergency medical service is 'getting into the system – generally these people are in an emergency situation because they can't plug into medical aid. Once medical aid is provided the emergency generally no longer exists.' He added, 'right now our attempts at providing service are of a band-aid variety and each of these golden spokes is competing among themselves – and the consumer cannot afford this type of service much longer.'

The Army Reserve officer said he believed three ingredients were necessary to provide adequate care for the consumer – communication, calling somebody to plug into the system – evacuation, safe evacuation to life-sustaining support systems, and trained personnel to sustain life during the trip to a medical facility – and paramedics, trained personnel to keep the victim alive.

'There is a collision of interests,' he added, 'we don't need four emergency rooms in this area – put them all together and upgrade the service to the consumer.'

The Helena surgeon commented, 'divided authority results in oversimplicity of a single thrust. We need a center here – a medical complex – with combined services instead of general hospitals spread throughout the area.'

Dr. Sims concluded, 'CHP may well be the ultimate authority on providing these types of service for the consumer – objectively – attempting to keep politics and religion out of the health care system. Planned preventive programs and planned emergency medical services are of the utmost importance to all Montanans.'

South Central Report

by Jim Toner, Executive Director, South Central Regional Health Planning Council, Inc.

1. After reviewing the proposed Health Training Network (HTN) contract in both SCRHPC meetings and joint MSRMP-SCRHPC meetings, SCRHPC returned the contract with agreed upon changes. MSRMP has returned the contract–written for the most part in 'legalese'– which has been reviewed by the Executive Committee and is now formalized.

2. We are still discussing the possibility of the Yellowstone Council of Community Services (YCCS) assuming the subarea CHP responsibilities for Yellowstone County. The Executive Director and some SCRHPC members, who are also YCCS members, are working with YCCS on its organization and funding efforts.

3. The prospects of establishing a City-County Health Department in this area have taken a turn for the better. The Billings Chamber of Commerce's Health Affairs Committee–which has provided most of the driving force–is presently working on a proposed budget for the anticipated health department. As in the case of YCCS, many of the Committee's members are also SCRHPC members. The Executive Director, also a member, has been assisting whenever possible.

4. The Executive Director attended the annual meeting of the American Association for Comprehensive Health Planning held in San Diego. Although the focus of many of the group sessions were on urban areas, the principles and techniques discussed there and in the speeches were relevant to CHP in Montana. If one major theme came out of the 4–day meeting it was: CHP, generally, is not doing enough, but what it has done is next to amazing considering the resource handicap it has to work under.

5. The Executive Director has been attending meetings at Helena with Areawide Directors and State Staff to discuss Review and Comment responsibilities for capital expenditures under Section 221 of the Social Securities Amendments of 1972. Development of a State Health Plan and Staff assistance to areawides were also discussed.

6. The Executive Director has been able to contact a few health care service organizations to discuss the Health Services Delivery Sub-system grant with them. Although SCRHPC is ineligible to be a part of this grant, the Executive Director acted as a facilitator in hopes of finding some organizations who would be willing to coordinate/integrate their services. Most organizations contacted felt the January 31, 1973, deadline was too unrealistic to have a proper proposal submitted. The South Central Montana Regional Mental Health Center did indicate the possibility they would be applying.

7. SCRHPC members and/or the Executive Director were involved in the following committees:
- –Feasibility of a Cancer Center in Billings
- –Project Rural Nursing
- –Child Abuse
- –CAP Mobilization of Resources: Social Planning Data

8. The Executive Director met with representatives of the local health care facilities to explain the HTN contract – now signed – and the upcoming review and comment responsibilities of CHP. Also discussed at the meeting was potential assistance to groups contemplating shared services.

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CHP - RMP Confab at Boise

SHARING IDEAS at a recent meeting of CHP-RMP leaders in Boise, Idaho, were (front row from left): Robert Johnson, Montana CHP, Helena: Dr. Joseph B. Deisher, Mountain States RMP Nevada director; Tom Wilson, Nevada CHP, Carson City; (back row) Dr. Claude O. Grizzle, MSRMP Wyoming director, Cheyenne; Dr. Sidney C. Pratt, MSRMP Montana director, Great Falls; John Cambareri, Ph.D., Idaho CHP, Boise; Richard DeVille, Wyoming CHP. Cheyenne, and C.E. Smith, Ph.D., MSRMP Regional office, Boise.

JOINT MEETING of CHP-Mountain States RMP leaders from four states convened in Boise, Idaho, to discuss mutual concerns in health services. From left: Tom Wilson, Nevada CHP, Carson City; Dr. Claude O. Grizzle, MSRMP Wyoming director, Cheyenne; Dr. J. B. Deisher, MSRMP Nevada director, Reno; Dr. Sidney C. Pratt, MSRMP Montana director, Great Falls, Robert Johnson, Montana CHP director, Helena, and Richard DeVille, Wyoming CHP, Cheyenne.

Gallatin Valley Report

by Shirley Smith, Gallatin County Areawide Coordinator

In the past month our **Nutrition Committee** has been very busy trying to set up a program for our elderly and handicapped citizens. This group is working on the possibility of establishing a five day week meal-a-day program for a small fee. Presently arrangements are being made to house this program at the American Legion Hall and begin by catering meals from a local restaurant. It is hoped that as the program grows we will be able to hire a cook and nutritionist.

The **Gallatin County Council on Aging** met on January 3, 1973 to make plans for an annual meeting.

The **Environmental Committee** Chairman has been very busy distributing informational materials on the proposed Montana Junked Auto Bill which will be introduced during this Legislative Session.

Plans are being made to hold a **CHP General Meeting** in Livingston late this month. The program will be presented by Mr. James Foley, Executive Director of the Southwest Areawide Health Planning Council. Mrs. Margaret Raihl, a resident of Livingston and member of the state CHP council is assisting the Bozeman office in setting up this meeting.

The newly established **RSVP (Retired Senior Volunteer Program)** in Bozeman has been very busy setting up their stations. With this almost completed they are signing up volunteers to work at these stations. This program has been met with a great deal of enthusiasm in the community and our best wishes for their continued success.

Dr. Del Samson, Chairman of the **Gallatin County CHP** presided over a special meeting of the **Executive Board** and the following action was taken and letters will be sent to numerous officers, organizations and departments in health related fields. This action was put in the form of the following policy statement: 'The Council goes on record that it cannot support drug or other health and mental health programs in the county without county representation in studying and planning for such needs. This Council represents the county in researching, proposing and recommending new programs to meet the county's health needs. This function should promote coordination of the various possible programs so that priorities may be observed and serious deficiencies alleviated as well as preventing unnecessary duplication and conflict between competing agencies.'

Hospital Adds Ombudsman

Kalispell General Hospital has once again initiated a program unique to Montana. The hospital has appointed Eugene G. Johnson to the new position of Patient Relations Coordinator – an ombudsman – working on behalf of the hospital's patients in correcting any deficiencies which may occur.

Johnson is a graduate of the University of Washington where he earned his Bachelor and Master of Science degrees. He has experience in teaching mathematics and also was employed by United Air Lines in Seattle before moving to the Flathead. Johnson was attracted to Montana because of the fishing, hiking and cross country skiing that he enjoys, in addition to the friendly people who live in the Flathead Valley. He moved there nearly two years ago and has been busily writing a novel. He has worked closely with the hospital in the past as a voluntary community representative.

Kalispell General Hospital is concerned with providing the type of health care desired by the community. By interviewing patients and non-patients, an insight into their requirements is reached, and if possible, changes can be made to attain proper goals. Gene views the hospital as much as possible from the layman's point of view, therefore he does not become involved with the daily responsibility of providing acute health care in Kalispell. But, he is charged with the duty of following up and correcting deficiencies which may surface.

The hospital encourages community interest in the decisions of health services for the present and the future – and Johnson will provide the means for community representation. He is available to assist the patient in attaining the highest quality of medical services available. Johnson will assist the patient in stating suggestions and criticisms, thereby providing the link of communication between hospital and patient. He will represent the patient and potential patient and convey opinions and ideas to the hospital on their behalf. Information received by Mr. Johnson is held in confidence and the procedures to correct problem areas which may occur will be investigated discreetly and tactfully.

He will aid in providing social services to patients that need post-hospital assistance in continuing health care to ensure maximum recovery. He is coordinating the activities of the hospital volunteers and encourages community participation in volunteer work in several different areas of the hospital. Anyone who desires to participate in volunteer work will be assisted to find suitable placement and is encouraged to contact Mr. Johnson.

Johnson recognizes the importance of providing clear communications between the patient and Kalispell General Hospital and he looks forward to assisting the patient in his new role as 'Ombudsman.'

State Health Plan Requires Citizen Input

by Mary Jane Crigler, Health Planner

On December 21–22, a meeting was held to discuss the production of a State Health Plan. In attendance at the meeting were the areawide coordinators, several areawide council members, CHP staff and some staff members from the Health Education and Nursing Bureaus.

The purpose of a State Plan is to synthesize all information possible regarding health and health needs in Montana in order to deal with these needs systematically. Those in attendance at the meeting agreed that the usefulness of such a plan is dependent upon widespread citizen input – from local and county levels to areawide levels to the statewide level. Too many times plans are developed by self-appointed experts only to collect dust because they do not reflect the feelings of the people allegedly planned for.

The group concurred that flexibility must be assured so that each areawide can develop its own plan in the way which will best suit its area. The state CHP staff is to be available for the areawides to use as needed. For example, in one area a state staff member has been asked to work on facilities review so that the areawide coordinator will have more time to organize county health councils. In another, a state staff member will assist in organizing county councils.

Continued

State Plan

Continued

In May there will be a general meeting of all areawides to bring together their material for incorporation by the State Advisory Council into the first edition of a State Health Plan. It was agreed that the document produced should be subject to change as needs and priorities change; at no time should it be felt that a finished document has been completed.

Individuals are encouraged to contact their areawide coordinators to help in formulating their areawide plans.

Kalispell Hospital Hires Biomedical Instrument Technician

Kalispell General Hospital has employed a full time biomedical instrument technician, David Pierce. He is responsible for the maintenance and repair of the hospital's electronic instruments and equipment. Dave is a transplant, having moved from Tennessee, and has lived in the Flathead for two years.

For the postoperative patient, a single outlet at the bedside was adequate a few years ago. Following surgery today however, several electrical appliances, each requiring a direct connection to the power source, may accumulate at the bedside. Complex electrical monitoring systems that measure and record the vital signs of life are being used routinely in patient care today. It is important these units receive and display accurate information along with dependable safety for the patient.

It is now the responsibility of the biomedical technician to perform the function of providing the safe and accurate use of this equipment. He must frequently test all equipment for safety as well as accuracy. A program has been organized to provide for reliable routine safety checks of all equipment used in patient care.

Extremely small dosages of electronic leakage measured in micro-amps can cause failure or malfunction of today's sophisticated equipment and patient safety becomes an acute problem.

Montana hospitals are investing large sums in advanced electronic equipment each year. It is imperative that they are able to provide this equipment and to offer the same quality and safety to the patient that is presently performed.

Letters to the Editor

Dear Ms. Crigler:

Your article on health manpower needs in the December issue of Montana Comprehensive Health Planning News has prompted me to offer my opinion on the subject as well as some experiences that may be helpful.

During 1971, the Education Committee (under my chairmanship) of the Montana Environmental Health Association undertook an informal survey of the education needs of Montana sanitarians. The results showed that those with 0–5 years work experience indicated a desire for graduate training towards a master's degree, plus short term training in general environmental health. Those with more than five years experience desired short-term training also, but in more specific areas, such as recreational sanitation, law, administration, etc. Just under half of the MEHA membership responded to the survey questionaire.

On first glance, this sketchy information seems irrelevant, but I believe it may be helpful in planning for the needs of current manpower resources in Montana. Specifically, I think it points out the need for the Montana University System to have a strong capability to train and continue training environmental health professionals.

As Chairman of the Montana Sanitarians Registration Advisory Council, I can tell you that 70 persons are registered as professional sanitarians in the State as of this date (all are not public health sanitarians). There are also eleven counties in the State which have no sanitarian services. Basic requirements for registration are a college degree with 30 quarter hours in physical and/or biological sciences and the successful completion of an examination provided by the Council. (An exact distribution of this manpower may be had from the Bureau of Environmental Services – Vern Sloulin).

Finally, as a public health sanitarian I cannot help but feel that the role of the sanitarian in the planning process is being overlooked in deference to doctors and nurses. Certainly the medical needs of consumers are basic, but isn't a healthy environment also basic? Why stop short of providing total health services to a community? I strongly urge the inclusion of a team approach (doctor, nurse AND sanitarian) in all health manpower planning for areas without any health services.

Sincerely,
s/ David L. Thomas, R.S.
Member, SWAHPC

South West Report:

by Jim Foley, Executive Director, Southwestern Areawide Health Planning Council

Southwestern Areawide Health Planning Council, Inc. will meet in Bozeman February 16th, 1973 at the Holiday Inn. The meeting is scheduled primarily to help members set a list of priorities for the coming year and to report on programs presently funded and in action.

Southwestern Areawide Health Planning Council, Inc. recently received funding for a Dental Education Program for our area by Intermountain Regional Medical Program in cooperation with Mountain States Regional Medical Program. This program will be directed by Brad Morris of School District One of Helena.

The Oral Cancer Clinic for Helena was held January 24th at Saint Peter's Hospital. Response to the program has been tremendous.

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Billings Hospital Adopts Six Day Week

In an effort to keep up with the increasing demand for hospital beds in Billings, Saint Vincent's Hospital has gone to a six-day week. 'That probably sounds a little strange to most people, who think of a hospital as a seven-day a week operation,' explained Charles Kaczmarek, hospital administrator. 'But basically, our weekend services have been limited to nursing care and emergency 'stat' procedures. We are now offering a much wider range of surgical and diagnostic procedures on Saturdays, in an effort to keep up with this peak season demand.'

In the past few months, the daily 'census,' or number of patients in the hospital, has been extremely high. 'We would like to keep it to about 180 patients, with a maximum capacity of 191, not counting newborn infants, but so many patients have needed hospitalization that on some days our census has been as high as 222 patients,' Kaczmarek commented. 'However, on weekends the number has dropped significantly. Therefore, we want to achieve a levelling off of this figure, which will result in better patient care. By using these 'weekend beds' we can take care of those who really need hospitalization.'

There are probably several causes for the increased demand for hospital beds in Billings, according to Kaczmarek. Seasonal demand and the flu epidemic are contributing causes, but basically, the community is growing and needs more health care services. In addition, he said, 'the remodelling project at Deaconess Hospital has reduced their bed capacity temporarily, creating more of a demand for available beds.

'We have seen an unfortunate situation develop recently, in that we have not been able to admit some patients, due to the fact there was simply not a bed available. The waiting list for a bed was constantly growing. Therefore, we decided to take this major step and add services on Saturday,' Kaczmarek stated.

The main area where services have been expanded is the operating room and recovery room. 'We have always done a lot of surgery at Saint Vincent's,' Kaczmarek said, 'and in the past weeks our surgery schedule has been full of regularly scheduled cases and the surgery days have been getting longer and longer. On weekends, we had a surgery crew on call to handle emergencies. However, on Saturday, we are now staffing two operating rooms for elective cases.'

In addition, the diagnostic services such as laboratory and x-ray have also been expanded. 'We will now be able to offer much more involved procedures that we not available before. We have added staff in order to handle this increased demand.'

Kaczmarek added, 'This action should have direct benefits for the community. Not only with the backlog of patients to be admitted being reduced, but by increasing the number of patients on weekends and reducing that number on weekdays, better patient care can be provided.'

'It will now be possible for some surgical patients who are scheduled for minor procedures to be admitting on Friday, have surgery on Saturday, and be back at work on Monday,' he said.

The new policy went into effect January 13, with four surgeries. 'Already we have noticed that the census did not drop as low this weekend as in the past,' noted Kaczmarek. 'It will be some time before we can state definitely that this plan is a success, but so far we are receiving a high degree of cooperating with this new policy.'

Designated Review Body

by Mike Murray, Helena Health Planner

The Helena Health Planning Council has received word from the Chief, Community Development Bureau, State of Montana Department of Intergovernmental Relations, stating that the council has been designated as a reviewing body for all health grants requiring a state sign off.

The Helena Health Planning Council is composed of consumers and representatives of all health provider groups in the Capital City area.

The purpose of the review function is to eliminate duplication of health agencies and identification of existing unmet health needs in the Helena area.

Health agencies will work together in development of future health grants to meet the need of Helena citizens.

Staff Member Aids Areawide

by Ed Mahn, Health Information Specialist

In the last several months the North Central Montana Areawide Health Planning Council has taken on an increased workload, due primarily to the enactment of Public Law 92-603, which concerns construction and expansion or changes in services of health facilities. Under this law we must provide a review and comment on the changes in any of the health facilities within our area.

Due to this increased activity the state has loaned my services to the North Central Areawide – particularly to work with their facilities committee.

Send your ideas

on improving health care to -

SUGGESTION BOX:

510 Logan Ave. Helena, Montana 59601